Need Statement:

The Massachusetts 2008 teen birth rates indicate that significant racial, ethnic and geographical disparities persist, although the overall teen birth rate is low (20.1 births per 1,000 females ages 15-19). ***Hispanic teens*** had almost six times and black teens almost three times the birth rate of white teens (66.7 for Hispanic teens, 32.3 for black teens, and 11.7 for white teens).[1] In 2009, 12.4% of Hispanic, 8.4% of black, and 3.7% of white MA high school students reported ever having been or gotten someone pregnant.[2] This project will target Hispanic and other minority youth, homeless youth, and other marginalized youth populations in those communities with the largest disparities.

Some communities have teen birth rates rivaling those of states with the highest birth rates in the nation. For example, the cities of Chelsea, Holyoke, Lawrence, New Bedford and Springfield have teen birth rates 3 to 5.5 times the teen birth rate of the state as a whole. The overall Hispanic teen birth rate in Massachusetts is much higher than for residents as a whole, but in these cities the *Hispanic* rate is 45% - 150% higher than for Hispanics statewide. In tandem with these rates, high teen Chlamydia incidence is a marker for risky sexual behaviors. Although the Chlamydia incidence rate is 1134/100,000 teens, communities with high teen birth rates report Chlamydia incidence rates ranging from 1500- 4200 per 100,000 teens.

Communities with high teen birth rates also tend to be those with the highest school failure and dropout rates. The Massachusetts Department of Elementary and Secondary Education (ESE) recently classified 35 schools in nine school districts as “Level 4” schools, that is, schools that are both low performing on the Massachusetts Comprehensive Assessment System (MCAS) and have not shown improvement over a four-year period. Because of their

[1] Massachusetts Department of Public Health. *Massachusetts Births 2008*. March, 2010.
[2] Massachusetts Department of Elementary and Secondary Education, 2009 Youth Risk Behavior Survey, unpublished data.

persistent failure, these Level 4 schools and districts are targeted for intensive ESE intervention efforts to stem dropout rates, improve achievement, and prepare the schools' primarily urban and ethnic minority youth for successful adulthood. There are 17,000 students in these schools: 90 % are students of color, 25 % are English language learners, and 90% receive free or reduced lunch. It is no coincidence that all Level 4 schools are located in communities that are among the top 25 highest teen birth rate communities in MA (See Table 1).

Table 1: Youth Risk Measures for Cities with Level 4 School Districts 2008

Town	2008 Teen Births/ 1000	Teen 2008 Chlamydia Rate Per/ 100000	2008 Drop-Out Rate	2008 % teen births to Hispanic mothers
Massachusetts	20.1	1133.8	9.9%	36.5%
Holyoke	115.3	3546.1	32.9	86.2
Springfield	61.4	4606.7	28.4	66
Lawrence	80.9	3908.4	36.5	91.8
New Bedford	62.9	1553.7	26.8	32.8
Fall River	56.2	1820.8	31.8	17
Lowell	48.7	1090.6	11.1	31.1
Lynn	53.2	2285	15.4	53.7
Worcester	36.4	1543.8	14.8	26.2
Boston	28.6	3601.3	21.5	38.4

Sources: Births (Vital Records). Massachusetts Community Health Information Profile (MassCHIP). Version 3.0r324. Massachusetts Department of Public Health. Data downloaded August 12, 2010.
Massachusetts Department of Education. Massachusetts Directory Profiles. Downloaded August 12, 2010 from http://profiles.doe.mass.edu.

In addition to ethnic and community indicators of risk for teen pregnancy and lower levels of preparation for successful adulthood, there are other special populations at high risk. ***Homeless youth*** constitute one of these groups. For the 2008-09 school year, the number of homeless youth enrolled in schools nationwide increased 17 percent. In Massachusetts, there are now around 12,000 high school students who meet the McKinney-Vento criteria for homelessness; 5,000 of these youth are unaccompanied (meaning not in the physical custody of a parent or guardian), according to the state's department of education. In 2009, homeless students

were over six times more likely than housed youth to have ever been or gotten someone pregnant (26.2% vs. 4.2%,).[2]

According to national data, ***youth in foster care*** are 2.5 times more likely than those not in foster care to have been pregnant by age 19. By age 19, 46% of teen girls in foster care who have been pregnant have had a subsequent pregnancy, compared to 29% of their peers outside the system.[3] Since 2008, teen pregnancy prevention programs funded by the Massachusetts Department of Public Health (MDPH) have been legislatively mandated to provide evidence-based teen pregnancy prevention services to youth in foster care, foster parents and Department of Children and Families staff.

Another group at high risk for teen pregnancy is ***sexual minority adolescents***. In the 2009 MA Youth Risk Behavior Survey (MYRBS), 5% of all students identified themselves as gay, lesbian, or bisexual and 7% reported some same-sex sexual contact.[2] In all, 9% of students could be considered sexual minority youth; that is, they either identified themselves as gay, lesbian, or bisexual or reported having had same-sex sexual contact in their lifetimes. Sexual minority youth were more likely than other students to report lifetime sexual intercourse (71% vs. 42%), intercourse before age 13 (19% vs. 5%), and intercourse with four or more partners (32% vs. 11%). Among youth who had ever had intercourse, sexual minority youth were significantly more likely than other students to report having been or gotten someone pregnant (18% vs. 8%) and having been diagnosed with HIV or another STI (9% vs. 3%)[2].

Results from the MYRBS from 1993 through 2009 consistently showed a significant relationship between receiving HIV/pregnancy prevention education in school and lower rates of pregnancy involvement. In 2009, for example, 5% of youth who had received such instruction

[3] The National Campaign to Prevent Teen and Unplanned Pregnancy. *Science Says: Foster Care Youth*. August, 2006.

had been/gotten someone pregnant, as opposed to 9.2% who had not.[2] Unfortunately, the very groups at high riskest of pregnancy were less likely than others to have received school HIV/pregnancy prevention. Such education, for example, was less common for Hispanic and black youth than white non-Hispanic youth (82%, 83% vs. 89%), for homeless students than housed students (75% vs. 88%) and for sexual minority youth vs. heterosexual youth (84% vs. 88%). Additionally, comprehensive sexuality education has been reduced in many schools over the past few years, with schools in urban high risk districts being especially affected.

Process Statement:

- **State Plan**

While the Massachusetts Department of Public Health (MDPH) will be the grantee for PREP, the success of the project will be assured by the close collaboration of the MDPH Office of Adolescent Health and Youth Development (OAHYD) and the Massachusetts Department of Elementary and Secondary Education's (MDESE) Center for Student Support, Career and Education Services. This partnership will build on the two agencies' successful collaboration on Coordinated School Health, a CDC-funded project with staff positions at both MDPH and MDESE. Specifically related to preventing teen pregnancy and HIV/STDs, MDPH and MDESE have collaborated on the Sexuality Education Stakeholders Group. The Stakeholders Group, which has been meeting regularly over the past two years, is co-chaired by the MDPH Director of the Bureau of Infectious Disease and the MDESE Coordinator of HIV, STD and Teen Pregnancy Prevention and consists of staff from MDPH and MDESE who are involved in youth sexual risk reduction. Members include the MDPH Medical Director, Director of Family Planning and Director of Sexual Assault Prevention as well as the MDESE Director of Coordinated School Health. They have shared data, identified strategies to change state policy

related to education on sexual and reproductive health, and made presentations to the state Public Health Council and a joint meeting of the Massachusetts Association of School Committees and Massachusetts Association of School Superintendents. The Stakeholders are conducting focus groups across the state to learn about the needs and expectations of both high school students and parents on school based sexuality education. This follows a similar process used to learn of the needs of school health teachers. The Stakeholders will review this and other data sources such as the 2009 YRBS and 2010 School Health Profiles to create policy recommendations for the Massachusetts Board of Education.

As a key primary prevention strategy to improve sexual health and well-being for all, the MDPH Healthy Relationships and Healthy Sexuality Working Group promotes and supports multi-disciplinary efforts to prevent negative health outcomes and to promote positive, healthy relationships and sexuality. The mission of the Group is to support the integration of multi-disciplinary programming, practices and policy; to provide resources for understanding data trends and implementing promising practices; to support health promotion, risk reduction and disease prevention efforts; and to promote positive sexual development across the lifespan to improve the health and well-being of all MA residents. The Group meets at least quarterly and includes MDPH staff overseeing Family Planning, Sexual Assault, STD, HIV/AIDS, School Health, Teen Pregnancy Prevention, Substance Abuse, and related statewide programs.

Expanding on the work already underway in Massachusetts, between September 2010 and December 2010, the Sexuality Education Stakeholders Group will conduct a statewide community needs assessment to develop the State Plan that will be submitted for Federal PREP funding in February. They will convene a statewide working group to develop, implement and analyze a comprehensive, statewide needs assessment derived from the results of community

forums, focus groups, key informant interviews and a review of recent vital records and statistics to best determine the allocation of PREP funds based on the needs of at risk youth and available funds to meet those needs. The working group will include the following partners: The Prevention First Coalition; MA Coalition of School Based Health Centers; MA Association of School Superintendents; MA Family Planning Association; Youth Empowerment Adolescent Health Network; MA Alliance on Teen Pregnancy; MDESE's AIDS Advisory Panel; representatives of Level 4 school districts; Massachusetts School Nurse Organization; Governor's Statewide Youth Council; Jane Doe, Inc.; Alliance of Gay and Lesbian Youth (AGLY) Network; BE SAFE; and individual MA youth.

Focusing on youth age 10-19 at highest risk for teen pregnancy, this statewide assessment will determine the need for evidence-based teen pregnancy prevention services in communities with high teen birth rates and for youth in state systems of care, especially youth attending Level 4 schools. The project will target Hispanic and other minority youth, homeless youth, and other marginalized youth populations in those communities. The statewide needs assessment process will also evaluate the adulthood preparation subjects most needed by and beneficial to MA youth. The assessment will enable us to determine the most appropriate adulthood preparation subjects relevant to youth populations who need support in regard to healthy youth development. At least three adulthood preparation subjects will be incorporated into the statewide plan.

The Massachusetts plan will foster collaboration between schools and community agencies to ensure that intensive teen pregnancy prevention and adulthood preparation programs and services are provided for youth in high risk communities. Because almost all teenage youth are in school, schools offer the strongest opportunity to reach the great majority of adolescents in communities with high teen birth rates. Community agencies will also be critical in providing

education and services for youth not in schools and by providing specialized medical, educational and psychosocial support services for some youth.

The Massachusetts planning process for the PREP grant will employ a nationally recognized tool for high-risk communities to select and implement school and community programs and to strengthen school-community partnerships. MDPH will use a modified Little (PSBA) GTO: 10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting to Outcomes (GTO) developed by the CDC to help schools and community-based programs select an evidence-based curriculum. The Little PSBA GTO is a program that helps communities identify needs and assets, choose a science-based approach to pregnancy prevention, and implement, evaluate and sustain the chosen curriculum. The Little PSBA GTO was originally developed for community-based organizations; however ESE has had excellent outcomes in modifying GTO for use in schools.

- **Process to Assure Medical Accuracy:**

Massachusetts is firmly committed to the provision of medically accurate and complete contraceptive information to educate youth about the responsibilities and consequences of being a parent, about how early pregnancy and parenthood can interfere with educational and other goals, and about risks associated with sexually transmitted infections, including HIV. Massachusetts will provide specific information on the medical accuracy and completeness of programs in its post-award State Plan.

- **Process to Ensure Funded Programs will Address Required Components of PREP:**

Vendor contracts will be selected and awarded through a competitive Request for Responses (RFR) process to deliver services administered through the PREP funds. Applications will be scored on and selected by the following criteria:

- Track record in reaching and serving youth at highest risk for teen pregnancy;
- History of working successfully with other youth-serving systems in their communities;
- Capacity to provide core project services including the implementation of identified adulthood preparation subjects;
- Capacity for trauma-informed, developmental, public health-based approach to promoting healthy sexuality and relationships;
- Capacity and commitment to develop and implement programs with sensitivity to and respect/cultural relevance for GLBTQ youth;
- Willingness, capacity and commitment to implement evidence-based teen pregnancy prevention curricula with fidelity;
- Provision of medically accurate and age-appropriate health information including referrals to needed services.

▪ **Process to Ensure that all Programs will use or Adapt Evidence-Based Models:**

Massachusetts has long demonstrated its commitment to providing comprehensive sexual health education and teen pregnancy prevention programs. At MDPH, the OAHYD funds and provides programmatic oversight to 15 vendors in high teen birth rate communities across the Commonwealth. These vendors are currently utilizing evidence-based curricula or promising practices including *Making Proud Choices, Teen Outreach Program, California's Adolescent Sibling Pregnancy Prevention Program, Focus on Youth, Cuídate, Power Through Choices,* and an adaptation to the CAS-Carerra model to address teen pregnancy among our highest risk youth. These programs closely examine the root causes of teen pregnancy and other youth sexual health risk-taking behaviors, deliver medically accurate health information, and use scientific evidence to support the implementation of specific models to address priority populations. Over the years,

the MDPH teen pregnancy prevention program has adopted a youth development framework. Programs offer additional services to participants that support holistic youth development (e.g., teen dating violence prevention, support for sexual minority youth, and peer leadership) incorporating components into the curricula that foster creativity, leadership opportunities, educational attainment and access to local resources.

Teen pregnancy prevention in high risk communities has also been a recent focus of work at MDESE. In the 2008-09 and 2009-10 school years, MDESE worked with the MA Alliance on Teen Pregnancy to provide technical assistance and professional development to six school districts with the highest teen birth rates. After studying the risk and protective factors in their communities, all six districts chose to implement an evidence based curriculum that addressed local needs. After reviewing the process, the school committees in Holyoke, Springfield and Lowell voted for the first time to implement comprehensive evidence-based programs: *Cuídate, FLASH, and Safer Choices.* MDESE continues to support implementation of these curricula with professional development opportunities for staff.

- **Capacity:**

Massachusetts has the capacity to monitor contracts, provide technical assistance and professional development, and expand the statewide delivery of sexual health education and other youth related services. MDPH provides training and technical assistance to funded vendors to improve their organizational capacity for providing evidence-based prevention services. MDESE provides training and follow-up support to teachers, other school staff and community partners on evidence-based HIV/pregnancy prevention curricula and on comprehensive health education programs designed to address responsible decision-making and other skills needed for successful adulthood. Further, the MDESE HIV/pregnancy prevention program, working with

SIECUS, has developed and implemented teaching strategies to assist schools in adapting sexuality education to the cultural backgrounds of their own students. Together, MDPH and MDESE will develop a plan for teen pregnancy prevention in high risk communities that involves both schools and community agency partners.

The MDPH and MDESE will provide contract monitoring, resources, technical assistance and professional development opportunities for selected sub-awardees and other related stakeholders in the following ways:

- Close ongoing contractual and fiscal monitoring of funded service vendors;
- A monthly e-newsletter providing ongoing information regarding teen pregnancy prevention, youth development and adulthood preparation resources, evidence-based curriculum training opportunities, and program evaluation;
- Quarterly two-hour technical assistance program conference calls;
- Two annual site visits to provide direct supervision and technical assistance in the implementation of programming for youth;
- Two three-day long provider trainings annually, offering professional development and program planning support on topics pertaining to teen pregnancy prevention, youth development, adulthood preparation, and program evaluation;
- Annual provider meeting addressing contract management, networking opportunities and additional professional development opportunities.

The MDPH and MDESE assure that the state and its sub-awardees will participate in a national evaluation if selected. In addition, we will comply with the requirements of Section 513 of the Personal Responsibility Education statute in the implementation of PREP.